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Navy & Marine Corps Medical News  
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The Navy Bureau of Medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: Shelton says DoD must live up to medical promises

By Jim Garamone, American Forces Press Service

WASHINGTON -- Calling the military medical system "not user-friendly," the Chairman of the Joint Chiefs of Staff said TRICARE "must be fixed and the over-all health-care

system must be improved."

Army Gen. Henry H. Shelton told the members of the Senate Armed Services Committee Feb. 8 that he thinks America has broken its commitment to military retirees to provide health care.

TRICARE is one of the quality of life initiatives DoD will stress in the fiscal 2001 Defense budget request. Defense Secretary William S. Cohen and Shelton will work together in the coming year to change TRICARE.

"While service members and their families are normally very pleased with the care that they receive once they enter into the system ... they are very frustrated with TRICARE as a system," Shelton said. "It is quite frankly immensely complex, administratively confusing and not very customer-friendly. Our service members and their families deserve better."

The fiscal 2001 DoD budget request makes some changes. In TRICARE Prime, the request eliminates co-pays for active duty service members who must get treatment in civilian facilities. The request also eliminates the co-pay for family members enrolled in TRICARE Prime Remote.

Shelton said in an earlier speech that DoD must fully fund and place more emphasis on the Defense Health Program. He also has said the medical plan deserves the attention of command at all levels.

Taking care of military retirees' health needs is also a priority for Cohen and Shelton. "I think that the first thing that we need to do is make sure that we acknowledge our commitment to the retirees for their years of service and for what we basically committed to at the time they were recruited into the armed forces," Shelton told the Senate committee.

He told the senators that DoD has recruiting posters that vividly state that not only would the services provide medical care upon retirement, "but that their families would be taken care of," Shelton said. "In their minds, we have broken that commitment. And I think we have."

He said the Joint Chiefs are proposing a plan that would provide some type of national pharmacy benefit with no enrollment fees for Medicare-eligible retirees. He said the chiefs are also examining a MediGap type of insurance for retirees 65 and older. "Both these are rather expensive programs, but we've got to somehow find a way to start providing more than we have in the past," Shelton said.

Defense officials agree that the programs will be expensive. DoD Comptroller William Lynn said during a Pentagon news conference that the cost could be from \$2 billion to \$8 billion more per year depending on what program is adopted.

"At the end of the day fixing TRICARE is not only the right thing to do, it is the smart thing to do," Shelton said. "It sends a very strong signal, not only to those serving today, but all those that are considering a career in our armed forces as well."

"And it keeps faith and keeps the commitment to those that have served and retired. We need to get it right, and I know that together, we will."

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Headline: Bremerton model sets standard for other medical facilities

By Judith A. Robertson, Naval Hospital Bremerton

Editor's Note: The Military Health System Optimization plan supports the development of a comprehensive and integrated health services delivery system for MTFs.

Full implementation of the comprehensive optimization plan will result in a high quality, cost effective health service delivery system that will be understood by all its users and withstand the scrutiny of critics and cost analysts. The desire is for the MTFs to be the benchmark health service delivery system in peace and war and the health services delivery option of choice for our beneficiaries.

Naval Hospital Bremerton is one of several Navy MTFs accomplishing the goal of optimizing service to its beneficiaries. For more information visit the Military Health System Optimization Team website at <http://www.tricare.osd.mil/mhsoptplan/default.htm>

BREMERTON, Wash. -- Combining compassion, professionalism and smart business practices paid off for Naval Hospital Bremerton. Its "Bremerton Model" has been selected for study by a Washington D.C. joint services team as an example of how all other Department of Defense Military Treatment Facilities throughout the world should be run.

The Military Health System's Reengineering Coordination Team (RCT) arrived at the Naval Hospital Jan.11. The RCT group, from the TRICARE Management Activity in Washington, D.C., toured the facility, listened to those on the front-line of providing military healthcare in both the readiness and benefit mission arenas, and they also heard a briefing on the "Bremerton Model."

The RCT came to Bremerton armed with their Military Health System Optimization Plan. The 29-page document states that full implementation of the plan will result in military medicine that "will be the benchmark health service delivery system in peace and war and the health services delivery option of choice for our beneficiaries." The plan is being designed to be a guide for the reengineering of military medicine, but when the group saw the Bremerton Model, they realized much of what they were conceptualizing was already well under way at Naval Hospital Bremerton.

More than two years ago, under the guidance of hospital Commanding Officer Capt. Gregg Parker, MC, Naval Hospital Bremerton began a push to align their vision with better business practices. The vision states that Naval Hospital Bremerton will be the "preferred source for timely, respectful and compassionate care with the best possible

outcomes." The business practices include boosting enrollment, enhancing access to care and improving customer satisfaction while implementing cost avoidance measures.

If imitation is the greatest form of flattery, then Naval Hospital Bremerton has received an immense compliment.

During a briefing in Ross Auditorium, Capt. Mitch Heroman, MC, Chief of Staff for the TRICARE Management Activity, spoke to a standing-room only crowd of healthcare providers and support personnel.

"We are not here to 'fix' Bremerton," Heroman said. "You are the last place in the universe that needs fixing."

Referring to the MHS Optimization Plan the team arrived with, Heroman said, "This is a conceptual plan. We are incredibly impressed with your Strategic Plan and how you are implementing that plan. We have seen your model and we are impressed. We are here to ask your assistance in developing a plan to reengineer military medicine."

Along with Heroman, the RCT comprised Capt. Don Arthur, MC, Chief of the Medical Corps and Assistant, Chief for Healthcare Operations, Bureau of Medicine and Surgery, Washington, D.C.; Col. Ray Burton, MS, USA, Office of the Army Surgeon General; Col. Dan Blum, MS, USA, Office of the Assistant Secretary of Defense for Health Affairs and two members of First Consulting Group, from Lexington, Mass.

First Consulting Group has been chosen to develop implementation strategies and processes for the Military Health Systems Optimization Plan. To that end, their consultants will be located at Naval Hospital Bremerton, working with the staff to meld the Bremerton Model with MHS Optimization Plan.

The Program Objective Memorandum, outlining the entire plan, is due for submission to the Department of Defense in April.

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Headline: Sea service docs provide care to Jordanians  
By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON -- Navy doctors and corpsmen used their skills and gained valuable experience during a recent exercise by providing basic medical care to about 600 civilians in several Jordanian villages.

The 23 sailors participated in a medical civil assistance program/dental civil assistance program MedCAP/DenCAP, which ended Feb. 2. The program was a partnership with Royal Jordanian Medical Services to provide care to rural villagers, said Marine Capt. Mark Oswell, a spokesman for the 22nd Marine Expeditionary Unit, which took part in the exercise.

Members of Navy Fleet Surgical Team Two, assigned to Naval Amphibious Base Little Creek, Va., and crew members of the USS Bataan (LHD 5), currently on a six-month deployment in the Persian Gulf, also participated.

The Jordanians provided additional medical personnel and translators. The medics were accompanied by a Marine security detail as well.

"This allowed our doctors, dentists, medical personnel and corpsmen to work alongside theirs," Oswald said. "They visited out-of-the-way areas where medical and dental assistance isn't readily accessible and taught each other in basic screening and basic education classes."

"We were seeing all comers, from school-age kids to people in their 90s. One woman said she was 120," said Navy Dr. (Lt.) Dain Wahl, assigned to the 22nd MEU. "These people see a doctor once a year at best. It gives us all a different look at medicine." He said the group screened villagers in local school buildings and saw mostly common ailments and not a lot of surprises.

"We saw a lot of glaucoma, cataracts and arthritis. These are typical ailments for Americans, but we can treat them," Wahl said in a telephone interview. "Here they can't, and we saw chronic health problems caused by these diseases that we normally do not see in the United States."

He also said the team saw a lot of children with asthma caused by smoking, something else not that common in the United States.

Another Navy doctor from the 22nd MEU, Lt. Doug Bunting, said the team was well prepared for the tasks at hand thanks to prior coordination with the Jordanian doctors.

"We brought very basic equipment and x-ray capabilities," he said. "We also had a large supply of medicines. We worked with the Jordanians to see what is commonly used over here."

"There are a couple medicines we wish we had more of. The Tylenol and ibuprofen we went through pretty quick," he said.

Bunting explained that even common over-the-counter medications are hard for the Jordanians to come by. "These villages are mostly concrete apartment buildings with maybe one store and no pharmacy," he said.

The team was also equipped with a dental truck, allowing them to provide basic dental services such as filling cavities and pulling teeth.

Jim Garamone, American Forces Press Service, assisted in this report.

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Headline: Jacksonville trains Midshipmen for Nurse Corps  
By Lt. Sharon E. Mawby, NC, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Academy midshipmen who have chosen to serve their country nursing rather than sailing on ships are finding Naval Hospital Jacksonville well-suited for developing their specialty skills.

Each year, groups of midshipmen receive training for four weeks at the hospital. Each group of two to six midshipmen experience a comprehensive clinical rotation through each of the inpatient and ambulatory care areas.

For many midshipmen this is their first hands-on experience in nursing under the guidance of a Navy Nurse Corps officer. Their training will also include practicing what they have learned in the classroom about military customs, courtesies, and traditions.

During their training the midshipmen also tour neighboring squadrons, ships and the Trident submarine base, where they can see who Navy Medicine's customers are.

What makes Naval Hospital Jacksonville ideal for nursing training is its location that requires medical personnel to support numerous ships. As one of the midshipmen stated in her journal, "In one hour I learned more than I had in an entire month at school."

Another midshipman said, "The nurse I was assigned with was extremely helpful, patient, and a great mentor. This was one of the most beneficial experiences I've had."

According to the Chief of Naval Education and Training (CNET), these positive learning experiences have placed Naval Hospital Jacksonville as one of the top three preferred sites for midshipmen active duty training.

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Headline: Civilian company helps Great Lakes special blood needs

From Naval Hospital Great Lakes

GREAT LAKES, Ill. -- The ongoing partnership between the Navy Blood Program at Naval Hospital Great Lakes, Ill., and LifeSource Blood Services is another example of Navy Medicine's business practices enhancing medical care to the Fleet.

As detailed in a working agreement, LifeSource, Inc., collects blood on board the Naval Training Center, and in return the company provides free special blood products to active duty Navy personnel and their family members during medical emergencies.

Lt. Roland Fahie, MSC, director of the Navy Blood Program for the Mid-West, said the agreement between the hospital and the civilian company saves the Navy money, ensures a source for rare blood types, and it is a source of blood platelets.

Fahie said that without the agreement with LifeSource, the hospital would have to go shopping for rare blood products, and that could be very expensive. But just as important, the hospital could find itself short of blood platelets, a valuable clotting agent for those whose blood won't clot.

Blood platelets only last a few days and have to be constantly restored," said Fahie. "The agreement with LifeSource provides a constant platelet source without us having to develop a facility to do that."

The benefits of the working agreement with the company are not just advantageous to the Navy.

William Portman, president of LifeSource said that [the training center] is an integral part of [Chicago's] blood

supply. He said one of the ways Sailors demonstrate their caring for human beings is by donating blood.

Great Lakes blood drives are administered by the naval hospital's Blood Donor Center, which, in addition to providing LifeSource with blood, provides blood to the naval hospital, the National Naval Medical Center in Bethesda and other Department of Defense medical treatment facilities.

Naval Hospital Great Lakes provided blood in support of operations in Kosovo and in response to the terrorist attack on the US Embassies in Kenya and Tanzaniya, Africa.

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Headline: Mayport dental clinic takes service to the deckplates

By Earl W. Hicks, Bureau of Medicine and Surgery

MAYPORT, Fla. -- The Mayport Dental Clinic Annex has refined dental care at the deckplates with mobile service and convenient locations for Sailors needing help with a cavity or getting their teeth cleaned.

After fifteen months of labor, Seabee construction battalions completed the Mayport Dental Clinic Annex in September 1999. The facility, built especially to provide pier side dental support for Fleet personnel, is only about 100 yards from the ships.

Today, the 4,000 square foot facility, which houses 10 dental treatment areas, oversees dental screening support and patient education for more than 8,000 shipboard Sailors on the waterfront.

Highlighting accessibility of the facility to Mayport ships, annex director, Capt. Roger Wray, DC, said, "You can throw a baseball from the doorway and hit a ship."

And there is plenty of help waiting for those who enter that doorway needing dental care. Four dentists, dental hygienists and dental technicians are waiting to see patients Monday through Thursday from 7 a.m. to 4:30 p.m. The annex is expected to have more than 10,000 dental visits each year.

But Wray's dental team wasn't satisfied that they had done all they could do to provide expeditious service to the ships' crews. In addition to the annex's close location, Wray added a mobile van service similar to those used at dental facilities in San Diego and Norfolk.

Three vans, each having two examination chairs and an x-ray unit, can locate close-in to a ship and conduct examinations, do cleanings and fillings.

"We do about 40 dental exams a day in the vans," said Dental Technician Second Class Carlson Bryan from New York, N.Y. "I work with the ship's corpsman to schedule appointments, and we either provide treatment that same day or come back when it's more convenient for the ships' crew.

"In some cases a patient will have to get treatment at the annex or the base dental clinic. But they don't have to walk to the clinic for work we can do in the vans."

With the convenient location of the annex and the

mobility of the vans, ships headed for Mayport will not have to wait for most dental care.

"We are not here just for Mayport home-ported ships," said Wray. "An example of the other ships we support is the San Diego-based USS Curts (FFG 38). When it was here, we treated approximately 50 of its crew."

Appreciation for ease of access to care has been voiced by junior enlisted and ship's commanding officers who have used either the annex or the vans, said Wray.

"We do whatever we can to expedite dental service to the ships," he said. "We want to save them time and contribute to their readiness."

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Headline: Anthrax question and answer  
From Bureau of Medicine and Surgery

Question: Who is at greater risk from a biological attack? Soldiers? Sailors? Airmen? Marines? Front line? Rear area? Logistical units?

Answer: Anthrax weapons have the potential to cover wide areas of a battlefield. It is difficult to determine who would be at a greater risk from a biological threat. The entire force needs to be protected. For more anthrax information, visit the Navy anthrax website at <http://www-nehc.med.navy.mil/prevmed/immun/anthrax.htm> or the DOD anthrax website at <http://www.anthrax.osd.mil>

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Headline: TRICARE question and answer  
From Bureau of Medicine and Surgery

Question: Are there any deadlines or restrictions for enrolling in TRICARE Prime?

Answer: If implemented in your area, you may enroll in TRICARE Prime at any time. Please note that while enrollment for Prime is on a continuous basis, assignment to a Primary Care Manager in a military clinic, where treatment is free, is based on availability.

For more TRICARE information visit the website at [www.tricare.osd.mil](http://www.tricare.osd.mil)

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Headline: Healthwatch: New healing therapies challenge medical boundaries  
By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON -- Getting your energy field changed or petting a dog may contribute to your healing process as today's Navy Medicine explores complimentary therapies for its Military Treatment Facilities.

The medical qualifier for these new therapies is that they do the patient no harm and they make the patient feel better.

These new healing techniques are among complimentary medicine methods, such as acupuncture, herbs, aromas, music

and guided imagery being tested in some Navy medical facilities.

Cmdr. Nancy Silki, NC, has experienced success with the "Healing Touch" therapy at Naval Hospital Twentynine Palms, Calif., and now at Naval Hospital Pensacola, Fla.

"Healing touch is an approach to helping individuals by restoring balance in the human energy field," she said. "It is generally believed that when there is a disturbance in the human energy system, an illness occurs."

Silki said the healing touch experience is non-invasive, economical and effective. There is no manipulation, poking or prodding. The therapy promotes patient wholeness and wellness, and it increases the efficacy of medication.

Silki emphasizes that healing touch is used as an adjunct to other therapies, not in place of them.

"I like to help my clients in the healing process by using various assessment techniques and intentionally directing the flow of energy to allow the body to heal itself," she said.

And the new therapies, although not available everywhere, are being practiced at several Navy MTFs. Pregnant women use healing touch at Naval Hospital Bremerton, Naval Hospital Camp Lejeune recommends using herbal therapy for colds, Naval Hospital Jacksonville uses music, biofeedback and guided imagery for pain reduction. Because the programs are in their preliminary evaluation stages, they are not available in all areas.

In most cases the therapies are still under evaluation by either formal research methods or command executive review to determine how they augment traditional medicine and what influence they have on clinical outcomes.

But while the evaluations are ongoing, care providers such as Silki believe they do make a difference.

"I'm very interested in alternative ways to care for our patients," she said. "Many healthcare professionals feel helpless when traditional medicine does not seem to be working to relieve chronic pain or stress. New therapies such as the healing touch may provide yet another way to ease that pain."

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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